

JAN. 11, 2012 4:55PM

NO. 6899 P. 2

COX | SMITH

ATTORNEYS

January 11, 2012

Via Facsimile

Mail Stop 16
Director of the US Patent and Trademark
Office
PO Box 1450
Alexandria, VA 22313-1450

01/26/2012 CKHLOK 00000011 6244316
01 FC:1559
Derrick A. Pizarro
Registered Patent Attorney
1240.00 OP
dpizarro@coxsmith.com
210.554.5461

Re: Refund Request for U.S. Patent No. 6,244,316 (Cox Smith ref. no. 30810.41)

Dear Sir or Madam:

Attached are copies of the following documents:

1. Copy of Monthly Statement of Deposit Account dated 11-30-11;
2. Copy of Acknowledgement of Receipt Postcard and copy of check no. 107459 in the amount of \$1,240 for Payment of Fee Deficiency mailed on September 21, 2011; and
3. Copy of Notification of Loss of Small Entity Status and Payment of Fee Deficiency filed September 21, 2011.

The Registrant filed the Notification of Loss of Small Entity Status and Payment of Fee Deficiency on September 21, 2011 with payment of associated fees by check no. 107459 in the amount of \$1,240.00. Therefore, Registrant's deposit account no. 03-3483 should not have been charged the \$1,240 deficiency fee and requests a refund for the said fee.

If you have any questions or require further documentation, please contact the undersigned at 210-554-5461.

Respectfully submitted,

Derrick A. Pizarro

Reg. No. 52,126

Enclosures

Circular 230 disclosure: Pursuant to Department of Treasury Circular 230, this correspondence is not intended or written to be used, and may not be used by the recipient, for the purposes of avoiding any federal tax penalty which may be asserted.

Adjustment date: 01/26/2012 CKHLOK
11/09/2011 CKHLOK 00000001 033483 6244316
01 FC:1552 1240.00 CR -1240.00 OP

AUSTIN DALLAS EL PASO MCALLEN SAN ANTONIO

COX SMITH MATTHEWS INCORPORATED
112 East Pecan Street | Suite 1800
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210.554.5500 tel | 210.226.8395 fax
COXSMITH.COM

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>1-25-12</u>		2 Serial/Patent # <u>09/379,148</u>	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other	9-23-11	\$ 1,240.00	1552
		7 TOTAL AMOUNT OF REFUND	\$ 1,240.00
8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check	
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Credit Deposit A/C #:	
<input checked="" type="checkbox"/> Duplicate Payment		03 -- 3483	
No Fee Due (Explanation): 			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: Karen Creasy		TITLE: Petitions Examiner	
SIGNATURE: /Karen Creasy/		PHONE: 2-3208	
OFFICE: Petitions			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: <u>CK</u>		DATE: <u>1/26/12</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B